

State of California - The Resources Agency DEPARTMENT OF PARKS AND RECREATION



ACCESSIBILITY COMMENT/COMPLAINT

This form should be completed by any park visitor who wants to make a comment or complaint regarding access to State Parks for persons with disabilities, or who feels that he/she has been discriminated against based on his/her disability.

Submit completed forms to the District Superintendent (for a name and address, contact the park where the incident occurred), or to either the Department Director or the Human Rights Office at P.O. Box 942896, Sacramento, CA 94296. For written information on the Accessibility Comment/Complaint Process, contact the Park Office, District Office, or the Human Rights Office for a brochure. Questions regarding this form should be directed to the Human Rights Office at the above address, or by calling (916) 653-8148.

NAME		HOME PHONE NO.	WORK PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	
DATE OF OCCURRENCE	TIME	LOCATION (Park Unit)	
COMMENT OR COMPLAINT	(If more space is ne	eded, continue on reverse.)	
			Continued on reverse.
SIGNATURE		DATE	TIME
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COMMENT OR COMPLAINT CONTINUATION